## NONPROVISIONAL PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Facsimile: (703) 836-2	MAIL STOP PATENT APPLICATION									
Customer Number: 25944 NO			DNPROVISIONAL APPLICATION TRANSMITTALS (C)  RULE §1.53(b)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							
P.O. Box 1450 Alexandria, VA 22313			-						10/69	
Sir:										
Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application										
For (Title): SUPERIOR-LIMB ARTERIOSTENOSIS EVALUATING APPARATUS									_	
By (Inventors):	Tsuneo NAKAGAWA								_	
Formal drawings (Figs. 1-5; 5 sheets) are attached.  Use Figure for front page of Publication.  A Declaration and Power of Attorney is filed herewith.  This application claims benefit of Provisional Application No filed  (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)  This patent application is assigned to COLIN CORPORATION.  The executed Assignment is filed herewith.  An Information Disclosure Statement is filed herewith.  Entitlement to small entity status is hereby asserted.  A Preliminary Amendment is filed herewith.  Priority of foreign application No. 2002-334318 filed November 18, 2002 in JAPAN is claimed (35 U.S.C. §119).  A certified copy of the above corresponding foreign application is filed herewith.  This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.  The filing fee is calculated below:  CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE  OTHER THAN A										
FOR:	NO. FILED	NO. EXTRA		RATE	FEE		RATE		···	
	NO. FILLED	NO. EXTRA		KATE		OR OR	KATE		FEE	
BASIC FEE	164				\$ 385	<u>OR</u>		\$	//0	
TOTAL CLAIMS	6 - 20	= 0		x 9=	\$	<u>OR</u>	x 18	\$		
INDEP CLAIMS	2 - 3	= 0		x 43 =	\$	<u>OR</u>	x 86	\$		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				+ 145 =	\$	<u>OR</u>	+ 290	\$		
* If the difference is less than zero, enter "0".				TOTAL	\$ 385	<u>OR</u>	TOTAL	\$		
Check No. 147712 in the amount of \$385 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.  **Page page full strubmitted**										
	Respectfully submitted,									

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